

no 300000007  
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FILED

03 OCT 21 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M-0300000007  
1. Limited Liability Company's Name  
HerbalScience, LLC.

2. Principal Office Address  
1004 Collier Center Way  
Suite, Apt. #, etc.  
Suite 200  
City & State  
Naples, Florida  
Zip  
34110

3. Mailing Office Address  
1004 Collier Center Way  
Suite, Apt. #, etc.  
Suite 200  
City & State  
Naples, Florida  
Zip  
34110

4. State/Country of Formation  
Delaware

5. Date Organized or Qualified To Do Business in Florida  
December 31, 2002

6. FEI Number \_\_\_\_\_ Applied For   
Not Applicable

7. CERTIFICATE OF STATUS DESIRED

8. Name and Address of Current Registered Agent

Name  
Kevin G. Coleman, Esq.

Street Address (P.O. Box Number is Not Acceptable)  
4001 Tamiami Trail North

Suite, Apt. #, Etc.  
300

City  
Naples

State  
FL

Zip Code  
34103

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.

Signature of Registered Agent: [Signature] Date 10/9/03  
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MEMBER	Robert T. Gow	13631 Pondview Circle	Naples, FL 34119

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 606.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: [Signature] Date 10-16-03 Daytime Phone # 239/450-8898

Typed or printed name of signing Managing Member/Manager: Robert T. Gow, Managing Member

CRS 11/00/07

**GOODLETTE, COLEMAN & JOHNSON**  
**ATTORNEYS AT LAW**

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Writer's E-Mail: [CGrider@gcjlaw.com](mailto:CGrider@gcjlaw.com)

October 16, 2003

Divisions of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: HerbalScience, LLC**  
**Reinstatement**

Registration Section:

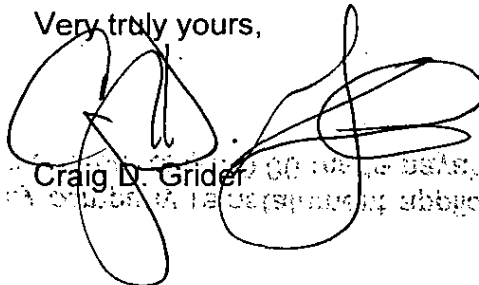
Enclosed please find the limited liability company reinstatement application for HerbalScience, LLC, along with a check in the amount of \$150.00 made payable to the Florida Department of State.

Please forward all correspondence relating to HerbalScience, LLC to the following address:

Robert T. Gow  
1004 Collier Center Way, Suite 200  
Naples, Florida 34110

Please file the reinstatement at your earliest convenience. Thank you for your assistance in this matter.

Very truly yours,



Craig D. Grider

CDG/kab  
Enclosures

cc: Robert & Kay Gow  
Kevin G. Coleman, Esq.